

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029481

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 282

Primary Registration District No. 4426

Registrar's No. 110

FILED AUG 13 1963

1. PLACE OF DEATH

a. COUNTY

Polk

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Fair Play, Mo

Length of stay in 1b

Unknown

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Home

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Polk

c. CITY OR TOWN

Fair Play

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

None

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

SALLIE

First

Middle

BARNETT

Last

4. DATE OF DEATH

Month Day Year

August 10, 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH

May 2, 1868

9. AGE (last birthday)

95

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTH PLACE (City and state or country)

GAZLETON

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

CHANDLER

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Beulah Mitchell Fair Play, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cardiac Failure

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Arteriosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 4-23-63 to 8/10/63 and last saw her alive on 8/5/63

Death occurred at 10:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

R. H. Saunders D.O.

22b. ADDRESS

Fair Play Mo.

22c. DATE SIGNED

8-10-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

8/10/63

23c. NAME OF CEMETERY OR CREMATORY

Rose Hill Cem

23d. LOCATION (City, town, or county)

Wraymer

23e. STATE

Mo

24. FUNERAL DIRECTOR

Barter-Butler

ADDRESS

Fair Play, Mo

25. DATE RECD. BY LOCAL REG.

Aug. 10, 1963

26. REGISTRAR'S SIGNATURE

Ralph Gordon per J. G.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

1 0840

2 0840

3

4 1

5 2

6

7 0

8 2

9 7824

10

11

12 90-2

13 10

121,050-115

AUG 21 1963

10420
10440

1 M 04

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Paul D Butler

Licensed Embalmer No. 4471

P. O. Address Bolivar, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit issued Aug. 10, 1963 JH